



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, MARK MENDAROS, as a qualified representative of Hilmar LLC
located at 177 Orchard Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) _____
 Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be:
Mon 12 PM - 12 AM; Tue 12 PM - 12 AM; Wed 12 PM - 12 AM;
Thu 12 PM - 12 AM; Fri 12 PM - 12 AM; Sat 12 PM - 12 AM; Sun 12 PM - 12 AM.
(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)
- I will not use outdoor space for commercial use.
- I will operate my sidewalk café no later than _____
- I will employ a doorman/security personnel on the following days: _____
- I will install soundproofing, _____
- I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
 I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
- I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs/ promoted events per _____, more than _____ private parties per _____ number of TVs
- I will play ambient recorded background music only.
- I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
- I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have unlimited drink specials, including boozy brunches, with food.
- I will not have a happy hour or drink specials with or without time limitations OR I will have happy hour and it will end by 7 PM. - Please indicate one of the above -
- I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

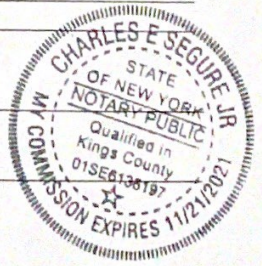
Name: MARK MENDAROS Phone Number: 212-945-8008

18. I will: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed [Signature]
STATE OF NEW YORK, COUNTY OF NEW YORK.
Sworn to this 22 day of MAY 2021 [Signature]

Dated 5-22-21
Notary Public





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Community Board 3 Liquor License Application Questionnaire

Today's Date: _____

APPLICANT

1. Name of applicant and principle(s): HILMARZ LLC dba SMASHED
2. Premise address: 177 ORCHARD ST. NEW YORK NY 10002
3. Cross streets: STANTON, E HOUSTON
4. Trade name (DBA): SMASHED
5. Check which you are applying to: New liquor license Alteration of an existing license Sale of assets
6. If alteration, describe nature of alteration: _____
7. Is location currently licensed? Yes No
8. Type of license: BEER, WINE & CIDER
9. Previous or current use of the location: RESTAURANT
10. Corporation and trade name of current location: HILMARZ LLC
11. Type of building and number of floors: MIXED USE 6 FLOORS
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No 12a. What is the permitted occupancy indoors and outdoors? _____
13. Do you plan to apply for Public Assembly permit? Yes No
14. What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): _____
15. How many licensed establishments are within 1 block? 7
16. How many On-Premise (OP) liquor licenses are within 500 feet? 3
17. Is premise within 200 feet of any school or place of worship? Yes No

PROPOSED METHOD OF OPERATION

18. Describe your method of operation: FAST CASUAL, PICK-UP WINDOW, 18 SEATS
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: _____
21. What are the proposed days / hours of operation (specify days / hours each day and hours of outdoor space if applicable): M-SUN 12PM-12AM
22. Total number of table: 6 23. Total number of seats: 18
24. How many stand-up bars / bar seats are located on the premise? 6
 (A stand-up bar is any bar or counter, whether with seating or not, over which a patron can order, pay for, and receive an alcoholic beverage.)

25. Describe all bars (length, shape, and location): _____
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 12PM-12AM
28. What type of food is available for sale? BURGERS, FRIES
29. Will a manager or principal always be on site? Yes No If yes, which? MBR/OWNER
30. How many employees will there be? 15 total
31. Do you have or plan to install? French doors accordion doors windows NO
32. Will there be TVs / monitors? Yes No If Yes, how many? _____
33. Will premise have music? Yes No 33a. If Yes, what type of music? Live Music Jukebox
 DJ Tapes / CDs / iPod
34. If other type, please describe: _____
35. What will be the music volume? Background (quiet) Entertainment level
36. Please describe your sound system: SONOS 1 SYSTEM
37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged?
 Yes No
38. If Yes, what type of events or performances are proposed and how often? _____
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? N/A
40. Will there be security personnel? Yes No 40a. If Yes, how many and when? _____
41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? keep the volume at a minimum
42. Do you have sound proofing installed? Yes No
43. If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): N/A
45. Address: N/A 45a. Community Board _____
46. Dates of operation: N/A
47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. OWNED PREVIOUS RESTAURANTS
48. Does any principal have other business in the area? Yes No If yes, give trade name and describe type of business: _____
49. Has any principal had SLA reports or action within the past 3 years? Yes No If yes, attach list of violations and dates of violations and outcomes.

COMMUNITY OUTREACH

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups.

ATTENTION RESIDENTS & NEIGHBORS

HILMARZ LLC dba SMASHED 212-945-8008

Company/DBA Name and Contact Number for Questions

plans to open a

RESTAURANT/BAR

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

177 ORCHARD ST., NEW YORK, NY 10002

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer

HILMARZ LLC 212-945-8008

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
mn03@cb.nyc.gov - www.cb3manhattan.org